



Maryland

In 2006, Maryland's mental health care system received a C. It was considered an underachiever with the potential to do much better. Three years later, it has improved to a B, reflecting the state's emergence as a national leader in promoting wellness and recovery.

But more still needs to be done. Evidence-based practices (EBPs) exist but are not statewide, and availability of services is uneven. Nonetheless, Maryland is making progress in many areas, including cultural competence, supportive housing, police Crisis Intervention Teams (CIT), and jail diversion.

The Maryland Department of Health and Mental Hygiene provides services through its Mental Hygiene Administration. At the local level, 20 Core Service Agencies (CSAs), both public and private, are responsible for services. Because of local control, programs and services differ from county to county. Some CSAs receive county funds that supplement state funds—resulting in more or better services in affluent areas, compared to rural ones.

Maryland offers many excellent, innovative programs and is a national leader in supporting consumer empowerment. The Maryland Transformation Project joins policymakers with consumers, families, advocates, service providers, and the academic community to build a system that supports recovery and resilience across the lifespan. The project is also engaged in planning in primary care and mental health integration, supportive housing, supported employment, workforce development, cultural competence, older adult needs, and reducing the use of restraints and seclusion.

Supported employment programs are widespread. Mobile crisis teams help evaluate consumers in community hospital emergency rooms in Montgomery and Anne Arundel Counties, enabling diversion to community services when appropriate. The state also provides services for National Guard veterans and their families.

The state operates mental health courts in Baltimore, Prince George's, and Harford Counties, and CIT in Baltimore and in several counties. Maryland is planning more of both approaches to link people to services while avoiding incarceration. The Mental Hygiene Administration also encourages mental health training of public safety officials and corrections officers. Innovatively, the Maryland Department of Public Safety and Correctional Services arranges for inmates to be issued personal identification—essential for life in the community—before release from prison.

The state is nationally recognized for collaboration with consumer and advocacy organizations, such as "On Our Own of Maryland," a statewide mental health consumer education and advocacy organization. Consumer Quality Teams, made up of consumers and family mem-

Innovations

- Transformation planning
- Wellness and recovery promotion
- Collaboration with consumer and advocacy organizations

Urgent Needs

- Meet national standards for evidence-based practices
- Expand integrated mental health and substance abuse services
- Expand mobile crisis teams and community crisis beds
- Improve reentry programs and ensure Medicaid restoration

Consumer and Family Comments

- *"The variety of services available is under a lot of different departments and organizations, making it very difficult to even find out about them."*
- *"So many people do not 'fit' into the system and wind up homeless or in jail or prison. There are not enough services available, so getting a full set of services can be like playing musical chairs."*
- *"The best thing about the public mental health services is the mental health court."*
- *"Maryland needs decent, safe affordable housing for persons with mental illness who have no income . . . It is virtually impossible to find supported housing for the severely ill or dually diagnosed."*

bers, monitor both inpatient and outpatient care and are authorized to conduct *unannounced* visits to facilities.

Maryland is a national leader in the wellness and recovery approach to mental health services. Through smoking cessation and health promotion efforts, the state seeks to lower morbidity and mortality among people with serious mental illnesses.

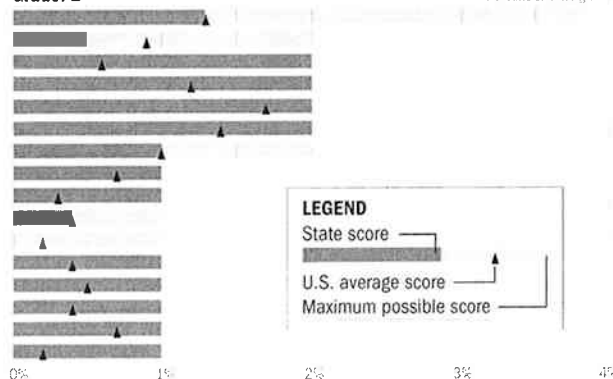
The state also has its share of problems. Some Assertive Community Treatment (ACT) teams lack fidelity to the 24/7 evidence-based model. Greater funding is needed to fully implement and sustain ACT and other EBPs, but resources vary because funding depends on local decision making. Jail and prison reentry support programs need further development and expansion.

In 2005, the legislature voted to suspend, rather than terminate, Medicaid benefits for consumers who are incarcerated, with restoration upon release. This has not yet been fully implemented because of computer system problems.

The state's county-based, fragmented mental health care system requires planning and coordination of services across county lines and more extensive oversight to ensure equitable and consistent services. Maryland is using its federal transformation grant to plan for projects that can leverage additional funds. These innovative efforts will need to be sustained when the grant ends in 2010.

NAMI Score Card: MARYLAND**Grade: B****Category I: Health Promotion & Measurement**

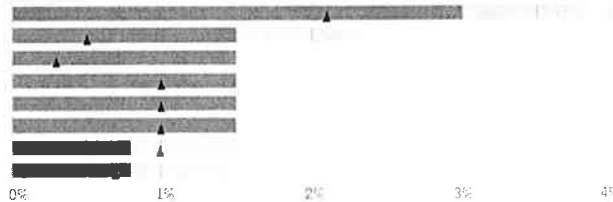
Workforce Development Plan
 State Mental Health Insurance Parity Law
 Mental Health Coverage in Programs for Uninsured
 Quality of Evidence-Based Practices Data
 Quality of Race/Ethnicity Data
 Have Data on Psychiatric Beds by Setting
 Integrate Mental and Primary Health Care
 Joint Commission Hospital Accreditation
 Have Data on ER Wait-times for Admission
 Reductions in Use of Seclusion & Restraint
 Public Reporting of Seclusion & Restraint Data
 Wellness Promotion/Mortality Reduction Plan
 State Studies Cause of Death
 Performance Measure for Suicide Prevention
 Smoking Cessation Programs
 Workforce Development Plan - Diversity Components

Grade: B**Category II: Financing & Core Treatment/Recovery Services**

Workforce Availability
 Inpatient Psychiatric Bed Capacity
 Cultural Competence - Overall Score
 Share of Adults with Serious Mental Illness Served
 Assertive Community Treatment (ACT) - per capita
 ACT (Medicaid pays part/all)
 Targeted Case Management (Medicaid pays)
 Medicaid Outpatient Co-pays
 Mobile Crisis Services (Medicaid pays)
 Transportation (Medicaid pays)
 Peer Specialist (Medicaid pays)
 State Pays for Benzodiazepines
 No Cap on Monthly Medicaid Prescriptions
 ACT (availability)
 Certified Clubhouse (availability)
 State Supports Co-occurring Disorders Treatment
 Illness Self Management & Recovery (Medicaid pays)
 Family Psychoeducation (Medicaid pays)
 Supported Housing (Medicaid pays part)
 Supported Employment (Medicaid pays part)
 Supported Education (Medicaid pays part)
 Language Interpretation/Translation (Medicaid pays)
 Telemedicine (Medicaid pays)
 Access to Antipsychotic Medications
 Clinically-Informed Prescriber Feedback System
 Same-Day Billing for Mental Health & Primary Care
 Supported Employment (availability)
 Integrated Dual Diagnosis Treatment (availability)
 Permanent Supported Housing (availability)
 Housing First (availability)
 Illness Self Management & Recovery (availability)
 Family Psychoeducation (availability)
 Services for National Guard Members/Families

Grade: B**Category III: Consumer & Family Empowerment**

Consumer & Family Test Drive (CFTD)
 Consumer & Family Monitoring Teams
 Consumer/Family on State Pharmacy (P&T) Committee
 Consumer-Run Programs (availability)
 Promote Peer-Run Services
 State Supports Family Education Programs
 State Supports Peer Education Programs
 State Supports Provider Education Programs

Grade: B**Category IV: Community Integration & Social Inclusion**

Housing - Overall Score
 Suspend/Restore Medicaid Post-Incarceration
 Jail Diversion Programs (availability)
 Reentry Programs (availability)
 Mental Illness Public Education Efforts
 State Supports Police Crisis Intervention Teams (CIT)
 Mental Health Courts - Overall Score
 Mental Health Courts - per capita

Grade: C